

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED

AFTER 1ST  
AMENDMENT

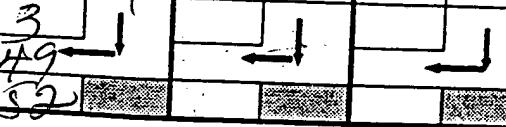
AFTER 2ND  
AMENDMENT

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND. 3

TOTAL DEP. 149

TOTAL CLAIMS 52



TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

	IND	DEP	IND	DEP	IND	DEP
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